

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	1		1				51					
2		1		1			52					
3		1		1			53					
4		3		1			54					
5		3		1			55					
6		3		1			56					
7		3		1			57					
8		1		1			58					
9		1		1			59					
10		1		1			60					
11		1		1			61					
12		1		1			62					
13				1			63					
14				1			64					
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18				1			68					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.							TOTAL IND.					
TOTAL DEP.							TOTAL DEP.					
TOTAL CLAIMS							TOTAL CLAIMS					